

TPL VALIDATION PILOT

**AHCCCS ISD
TECHNICAL OVERVIEW**

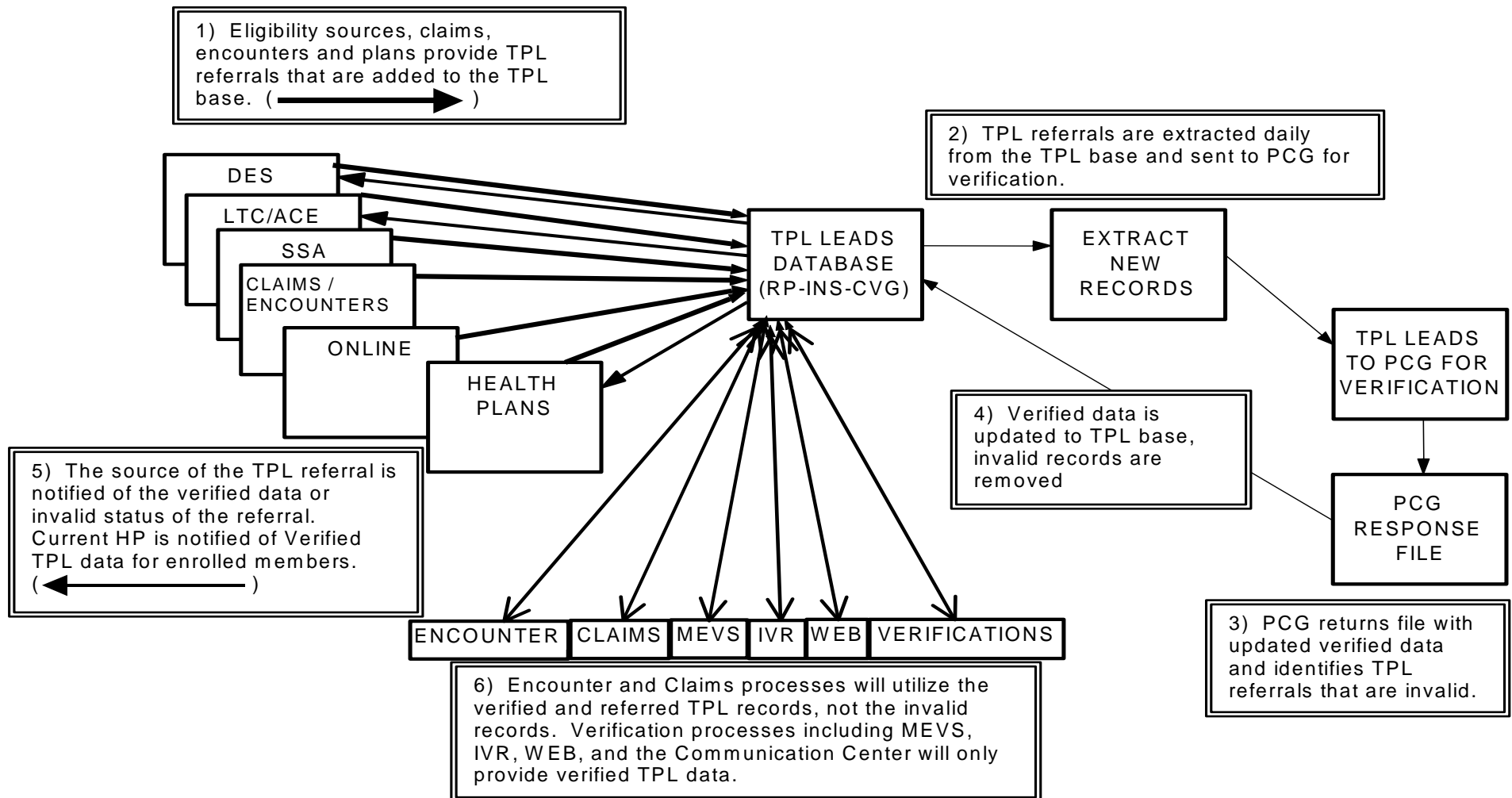
TPL VALIDATION PILOT

TECHNICAL PROCESS OVERVIEW

This overview will provide an understanding of the data flow for the TPL Validation Pilot process in an automated environment. This overview will not address any current or future paper TPL referral process. This overview will not address the impact or change to current or new policy. Any questions or clarification to any policy must be addressed to the responsible area.

The TPL Validation Pilot is scheduled to run from October 2004 thru September 2005. During that time, baseline and cost benefit analysis will be conducted to determine if the pilot process will be continued beyond September 2005 and made permanent.

TPL VALIDATION PILOT DATA FLOW



HEALTH PLAN TPL SUBMISSION
 EXISTING FILE AND PROCESS
 (See #1 on TPL Validation Pilot Data Flow)

HP-REC	:HEALTH PLAN RECORD		
HEAD-REC			
TRAN-DATE	X	8	:FILE DATE
HP-ID	X	6	:HEALTH PLAN ID
FILLER	X	369	:FILLER
IN-REC			
TRAN-TYPE	X	1	:ADD OR CHANGE ONLY
ACT-DAT	X	8	:ACTIVITY DATE
M-SURNAME	X	17	:LAST NAME
M-GIVEN-NAME	X	12	:FIRST NAME
M-INITIAL	X	1	:MIDDLE INITIAL
SEX	X	1	:GENDER
MEMBER-SSN	X	9	:SOCIAL SECURITY NUMBER
AHCCCS-ID	X	10	:AHCCCS-ID
DATE-OF-BIRTH	X	8	:DATE OF BIRTH
DATE-OF-DEATH	X	8	:DATE OF DEATH
TPL-REL-TO-HLDR	X	3	:INSURED RELATION TO CLIENT
TPL-CARR-NAME	X	36	:CARRIER NAME
TPL-STREET-1	X	40	:CARRIER STREET ADDRESS 1
TPL-STREET-2	X	40	:CARRIER STREET ADDRESS 2
TPL-CITY	X	30	:CARRIER CITY
TPL-STATE	X	2	:CARRIER STATE
TPL-ZIP	X	9	:CARRIER ZIP CODE
CARR-TELEPHONE	X	10	:CARRIER TELEPHONE
TPL-POLICY-NUM	X	20	:CARRIER POLICY NUMBER
TPL-GROUP-NUM	X	20	:CARRIER GROUP NUMBER
TPL-COV-BEGIN	X	8	:POLICY BEGIN DATE
TPL-COV-END	X	8	:POLICY END DATE
TPL-COV-TYPE	X	3	:INSURANCE TYPE
TPL-HOLDER-LAST	X	17	:INSURED LAST NAME
TPL-HOLDER-FIRST	X	12	:INSURED FIRST NAME
TPL-HOLDER-MI	X	1	:INSURED MIDDLE INITIAL
TPL-HOLDER-SSN	X	9	:INSURED SOCIAL SECURITY NUM
TPL-HOLD-EMPLR	X	40	:INSURED EMPLOYER
FOOT-REC			
TOTAL-RECS	X	5	:NUMBER OF RECORDS
FILLER	X	378	:FILLER

DAILY TPL FILE
EXISTING FILE AND PROCESS
(See #5 on TPL Validation Pilot Data Flow)

RECIPIENT INFORMATION			
SEQUENCE NUMBER	X	2	
PROCESS DATE	X	6	YYMMDD
AHCCCS ID	X	9	
LAST NAME	X	20	
FIRST NAME	X	10	
GENDER	X	1	
DATE OF BIRTH	X	8	CCYYMMDD
POLICY INFORMATION			
POLICY NUMBER	X	20	
COVERAGE TYPE	X	1	
BEGIN DATE	X	8	CCYYMMDD
END DATE	X	8	CCYYMMDD
CARRIER NAME	X	30	
CARRIER PHONE	X	10	
CARRIER STREET-1	X	23	
CARRIER STREET-2	X	23	
CARRIER CITY	X	18	
CARRIER STATE	X	2	
CARRIER ZIP	X	9	
POLICY HOLDER INFORMATION			
INSURED NAME	X	31	
RELATIONSHIP	X	1	
INSURED EMPLOYER	X	30	
INSURED GROUP NO.	X	20	
TPL RECORD INFORMATION			
DATE RECORD ADD.	X	8	CCYYMMDD
DATE LAST MODIFY	X	8	CCYYMMDD
DATE VERIFIED	X	8	CCYYMMDD
HEALTH PLAN ID	X	6	

HEALTH PLAN INVALID TPL NOTIFICATION FILE

NEW FILE AND PROCESS

(See #5 on TPL Validation Pilot Data Flow)

RP-TPL-HP-S	:INVALID TPL NOTIFICATION RECORD TO HEALTH PLANS		
AHCCCS-ID	X	9	:AHCCCS-ID
SEQ-NO	N	N 2	:SEQUENCE NUM FOR TPL RECORD
POLICY-ID	X	20	:POLICY NUMBER
BEG-DAT	X	8	:POLICY BEGIN DATE
END-DAT	X	8	:POLICY END DATE
CAR-NAME	X	30	:CARRIER NAME
INSURED-NAME	X	31	:POLICY HOLDER'S NAME
INSURED-SSN	X	9	:POLICY HOLDER'S SSN
INSURED-REL-PAT	X	1	:RELATIONSHIP OF MEMBER TO POLICY HOLDER
INS-TYP	X	1	:TYPE OF INSURANCE COVERAGE
CAR-PHONE	X	10	:CARRIER'S PHONE NUMBER
CHG-RSN	X	2	:REASON COVERAGE ENDED
INS-CAR	X	5	:CARRIER REFERENCE NUMBER
INS-EMPR	X	30	:POLICY HOLDER'S EMPLOYER
INS-GRP-NUM	X	20	:POLICY HOLDER'S GROUP NUMBER
CAR-STR-1	X	23	:CARRIER ADDRESS LINE 1
CAR-STR-2	X	23	:CARRIER ADDRESS LINE 2
CAR-CITY	X	18	:CARRIER ADDRESS CITY
CAR-ST	X	2	:CARRIER ADDRESS STATE
CAR-ZIP	X	9	:CARRIER ADDRESS ZIP CODE
STATUS	X	1	:STATUS OF TPL REFERRAL

MASTER CARRIER FILE
NEW FILE AND PROCESS
(Not reflected on the Validation Pilot Data Flow)

RF-CAR-ID-R & U			
STA	X	1	:STATUS
CAR-ID	X	10	:CARRIER ID NUMBER (R JUSTIFY 5 POS)
NAIC-CD	X	5	:NOT CURRENTLY USED
CAR-NAME	X	25	:CARRIER NAME
BUS-ADDRESS			
STR-1	X	25	:CARRIER ADDRESS LINE 1
STR-2	X	25	:CARRIER ADDRESS LINE 2
CITY	X	25	:CARRIER ADDRESS CITY
STATE	X	2	:CARRIER ADDRESS STATE
ZIP	X	9	:CARRIER ADDRESS ZIP CODE
BUS-PHO	X	10	:CARRIER BUSINESS PHONE NUMBER
CAR-TYP	X	1	:TYPE OF COVERAGE
TRB-INS-IND	X	1	:TRIBAL INSURANCE INDICATOR
BEG-DAT	X	8	:CARRIER RECORD BEGIN DATE
END-DAT	X	8	:CARRIER RECORD END DATE
REC-ADDED-DAT	X	8	:DATE RECORD ADDED
REC-ADDED-TIME	X	8	:TIME RECORD ADDED
REC-ADDED-USR	X	3	:RECORD ADDED BY USER ID
LAST-MOD-DAT	X	8	:LAST DATE MODIFIED
LAST-MOD-TIME	X	8	:LAST TIME MODIFIED
LAST-MOD-USR	X	3	:USER LAST MODIFIED

VPN SERVER FOLDERS

